

JC20 Rec'd PCT/PTO 11 MAY 2005

**Application Data Sheet****Application Information**

Application Number::

Filing Date::

Application Type::

**US National Phase**

Subject Matter::

**Utility**

Suggested Classification::

Suggested Group Art Unit::

Title::

**METHOD FOR VERIFYING ANTI-SCRAMBLING  
EFFICIENCY OF A COMMUNICATION SYSTEM**

Attorney Docket Number::

**4590-396**

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

**7**

Total Drawing Sheets::

**4****Applicant Information**

Applicant Authority Type::

**Inventor**

Primary Citizenship Country::

**France**

Status::

Given Name::

**Pascal**

Middle Name::

Family Name::

**CHEVALIER**

Name Suffix::

City of Residence::

**Courbevoie**

State or Province of Residence::

Country of Residence::

**France**

Street of Mailing Address::

**4, rue Edith Cavell**

City of Mailing Address::

**Edith Cavell**

Postal or Zip Code::

**92400**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Béatrice**  
Middle Name::  
Family Name:: **COL**  
Name Suffix::  
City of Residence:: **Decatur**  
State or Province of Residence:: **GA**  
Country of Residence:: **USA**  
Street of Mailing Address:: **341 Glendale Avenue**  
City of Mailing Address:: **Decatur**  
Postal or Zip Code:: **30030**

Applicant Authority Type:: **Inventor**  
Primary Citizenship Country:: **France**  
Status::  
Given Name:: **Frédérique**  
Middle Name::  
Family Name:: **LASNIER**  
Name Suffix::  
City of Residence:: **Paris**  
State or Province of Residence:: **GA**  
Country of Residence:: **France**  
Street of Mailing Address:: **16, Impasse Bureau**  
City of Mailing Address:: **Paris**  
Postal or Zip Code:: **75011**

### **Correspondence Information**

Correspondence Customer No:: **33308**  
Phone Number:: **(703) 684-1111**  
Fax Number:: **(703) 518-5499**

E-Mail Address::

### **Representative Information**

Representative Customer Number::

**Representative Designation:: Registration Number:: Representative Name::**

*Primary or Associate*

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
<b>FR</b>	<b>0214685</b>	<b>November 22, 2002</b>	<b>Yes</b>
	<b>PCT/FR2003/003451</b>	<b>November 21, 2003</b>	<b>Yes</b>

### **Assignee Information**

Assignee Name:: **THALES**  
Street of Mailing Address:: **45, rue de Villiers**  
City of Mailing Address:: **Neuilly Sur Seine**  
State of Mailing Address::  
Country of Mailing Address:: **France**  
Postal or Zip Code:: **92200**